



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

**RECEIVED**

OCT 20 2004

Technology Center 2100

Total Number of Pages in This Submission

34

Application No.	09/904,275
Filing Date	July 11, 2001
First Named Inventor	Scott Forstall
Art Unit	2172
Examiner Name	Shahid Al Alam

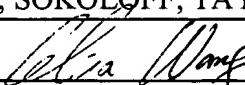
Attorney Docket Number

4860P2674

### ENCLOSURES (check all that apply)

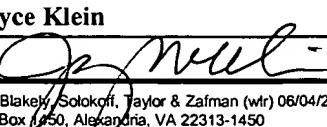
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="border: 1px solid black; height: 40px; width: 100%;">Return Postcard</div>
<input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lehua Wang, Reg. No. 48,023  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	10/14/04

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Joyce Klein
Signature	
	Date 10-14-04



# FEES TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      **(\$)**      **0.00**

Complete if Known

Application Number	09/904,275
Filing Date	July 11, 2001
First Named Inventor	Scott Forstall
Examiner Name	Shahid Al Alam
Art Unit	2172
Attorney Docket No.	4860P2674

**RECEIVED**

**OCT 20 2004**

## METHOD OF PAYMENT (check all that apply)

Check     Credit card     Money Order     Other     None

Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below     Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

### 2. EXTRA CLAIM FEES

Total Claims	98	98*	=	0	Extra Claims	Fee from below	=	Fee Paid
Independent Claims	9	12*	=	0	9	88.00	=	\$0.00

Multiple Dependent

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple Dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			0.00

\*or number previously paid, if greater. For Reissues, see below

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lehua Wang	Registration No. (Attorney/Agent)	48,023	Telephone	(408) 720-8300
Signature	<i>Lehua Wang</i>			Date	10/14/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/19/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Technology Center 2100

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920 *	1804	920 *
1805	1,840 *	1805	1,840 *
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1404	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	1809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify)			

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)